MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		/		/	'		51						
2		/			X	/		52						
3		\						53						
4		I				\		54						
5		/				/		55						
6		l			/			56						
7		\						57						
8		/						58						
9		)			/			59						
10		\				/		60						
11		\						61						
12		/						62						
13		\			/			63						
14		\			/			64						
15		/			X			65						
16		\						66						
17		\						67						
18		/						68						
19	\		/		X			69						
20		/						70						
21		/				X		71						
22		/						72						
23		/						73						
24		/						74						
25		)						75						
26	\		/		/			76						
27		\						77						
28		/						78						
29		/						79						
30		l						80						
31		\						81						
32		I						82						
33		\						83						
34		I						84						
35						/		85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	↓		↓		6	↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		20	←		TOTAL DEP.		←		←		←
TOTAL CLAIMS					26			TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS